



2008

FORM 1120B-ES/ME

MAINE ESTIMATED TAX
PAYMENT VOUCHER FOR

FINANCIAL INSTITUTIONS



00

0834310

VOUCHER 1 - Due April 15

(15th day of the fourth month for fiscal year taxpayers)

Enter beginning and ending dates for the entire tax year (NOT the quarter dates)

If this payment is for a short year period, enter the next filing period below

____/____/____ to ____/____/____ ____/____/____ to ____/____/____

Financial Institution Name _____ \$ _____ , _____ , _____ .00
Amount of Payment

Address _____ Federal Identification Number _____

City, Town, or Post Office _____ State _____ ZIP Code _____ Date Installment Due ____/____/____



Detach this voucher and make check payable to TREASURER STATE OF MAINE.
Mail both to: Maine Revenue Services, P.O. Box 1062, Augusta, ME 04332-1062

Cut voucher along this line.



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VOUCHER 2 - Due June 16

(15th day of the sixth month for fiscal year taxpayers)



00

0834310

Enter beginning and ending dates for the entire tax year (NOT the quarter dates)

If this payment is for a short year period, enter the next filing period below

____ / ____ / ____ to ____ / ____ / ____

____ / ____ / ____ to ____ / ____ / ____

Financial Institution Name

\$ _____ , _____ , _____ .00
Amount of Payment

Address

Federal Identification Number

City, Town, or Post Office

State

ZIP Code

____ / ____ / ____
Date Installment Due



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VOUCHER 3 - Due September 15
(15th day of the ninth month for fiscal year taxpayers)

Enter beginning and ending dates for the entire tax year (NOT the quarter dates)		If this payment is for a short year period, enter the next filing period below	
____/____/____ to ____/____/____		____/____/____ to ____/____/____	
Financial Institution Name		\$ _____, _____, _____ .00	
Address		Federal Identification Number	
City, Town, or Post Office		State	ZIP Code
		Date Installment Due	



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VOUCHER 4 - Due December 15
(15th day of the twelfth month for fiscal year taxpayers)

Enter beginning and ending dates for the entire tax year (NOT the quarter dates)		If this payment is for a short year period, enter the next filing period below	
____/____/____ to ____/____/____		____/____/____ to ____/____/____	
Financial Institution Name		\$ ____ , ____ , ____	Amount of Payment
Address		Federal Identification Number	
City, Town, or Post Office	State	ZIP Code	Date Installment Due



Detach this voucher and make check payable to TREASURER STATE OF MAINE.
Mail both to: Maine Revenue Services, P.O. Box 1062, Augusta, ME 04332-1062

Cut voucher along this line.